



Presentazione del Manifesto «Uscire dall'ombra della depressione»

Roma, 17 febbraio 2020 ore 11.30-13.30
Campidoglio – Sala del Carroccio – Piazza del Campidoglio

Uscire dall'ombra della depressione: criticità e progetti

Alberto Siracusano

Ordinario di Psichiatria

Direttore della Scuola di Specializzazione in Psichiatria

Università degli Studi di Roma “Tor Vergata”

Direttore del DAI del Benessere, della Salute Mentale, Neurologica, Dentale e degli Organi di Senso

Fondazione Policlinico Tor Vergata

Uscire dall'ombra della depressione: criticità e progetti

- **Siamo una società depressa?**
- La complessità quantitativa e qualitativa della depressione
- Uscire dall'ombra della depressione
- Il rischio Resistenza alla depressione
- Progetto Eutimia





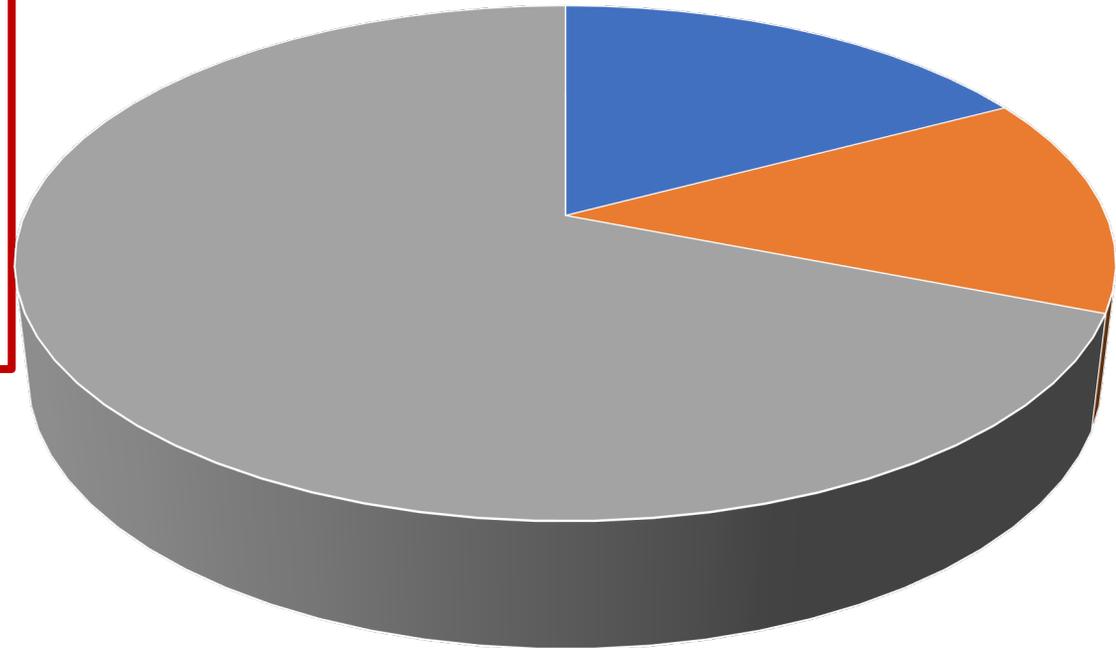
Censis: il grande tradimento: la società ansiosa macerata dalla sfiducia

«E' una convinzione radicata nella «pancia» sociale del Paese che genera uno stress esistenziale, intimo, logorante, perché legato al rapporto di ciascuno con il proprio futuro»



«Si tratta di una macerazione individuale di massa con una forte potenza erosiva, poiché nell'animo degli italiani alberga stabilmente la convinzione che non sia possibile proiettarsi verso il futuro».

Gli stati d'animo con cui gli italiani percepiscono il futuro



■ Pessimismo ■ Ottimismo ■ Incertezza

Hopelessness

Negative affect

Idee di rovina

Censis: il grande tradimento: la società ansiosa macerata dalla sfiducia



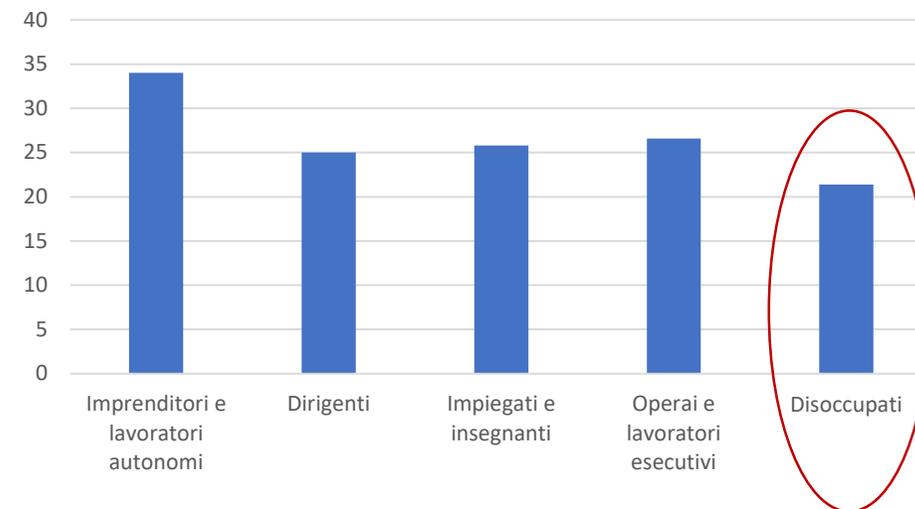
Il 75,5 % degli italiani non si fida degli altri, convinti che non si è mai abbastanza prudenti nell'entrare in rapporto con le persone.

Ansia, disillusione e tradimento originano un virus ben peggiore: la sfiducia, che condiziona l'agire individuale e si annida nella società.

«Tu non dici la verità, sei inaffidabile»

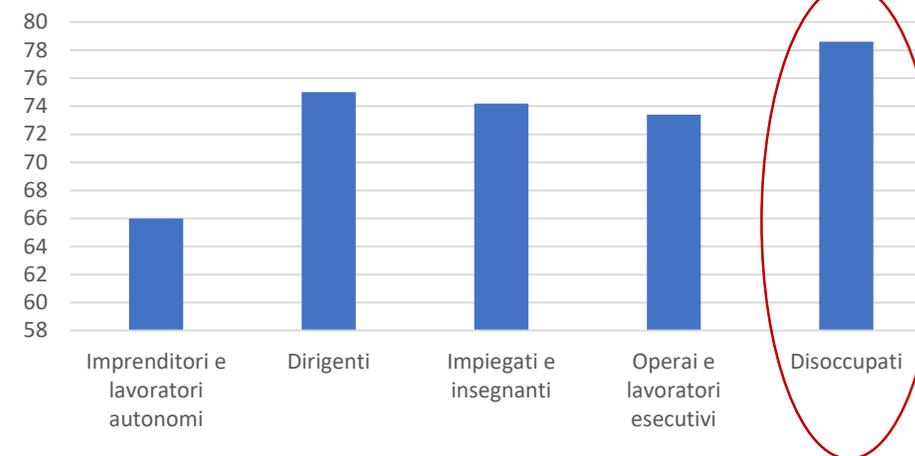
La sfiducia è maggiore nelle persone svantaggiate economicamente e socialmente

Di solito ci si può fidare degli altri



Helplessness

Non si è mai abbastanza prudenti nei rapporti con gli altri



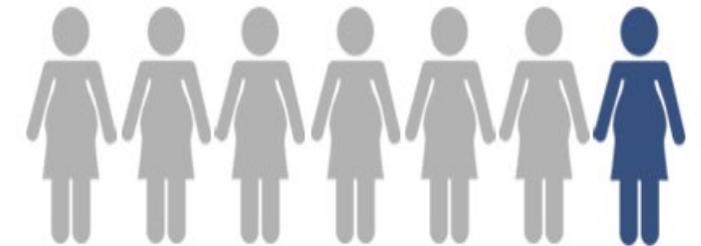
The Burden of Perinatal Mental Disorders

Depression during pregnancy is an emerging field in terms of understanding the pathophysiology of the disease and determining adequate treatment

Women are **MORE THAN TWICE** as susceptible to depression as men;

*Perinatal depression is highly prevalent: **10-20%***

- *First trimester: 7.4%*
- *Second trimester: 12.8%*
- *Third trimester: 12.0%*
- *Postpartum: 13% at 3 months postpartum*



Perinatal depression affects as many as **one in seven women.**

ACOG recommends all pregnant women be screened at least once during the perinatal period.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Uscire dall'ombra della depressione: criticità e progetti

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The many faces of Depression



Khadija, 25, Sales Assistant

«There is **huge stigma in the Muslim** community about mental health. Some people think you have a jinn inside you (a supernatural being from Islamic theology), **they might think you're possessed**».

Stigma



The many faces of depression: Eight people explain what living with the condition is really like



James, 38, Founder of Born Clothing London

When you tell your wife you want to kill yourself, it doesn't really go down very well. It's a weird thing to be cuddling your child and feeling like that. It just cuts you up.



Helen, 26, Administrator

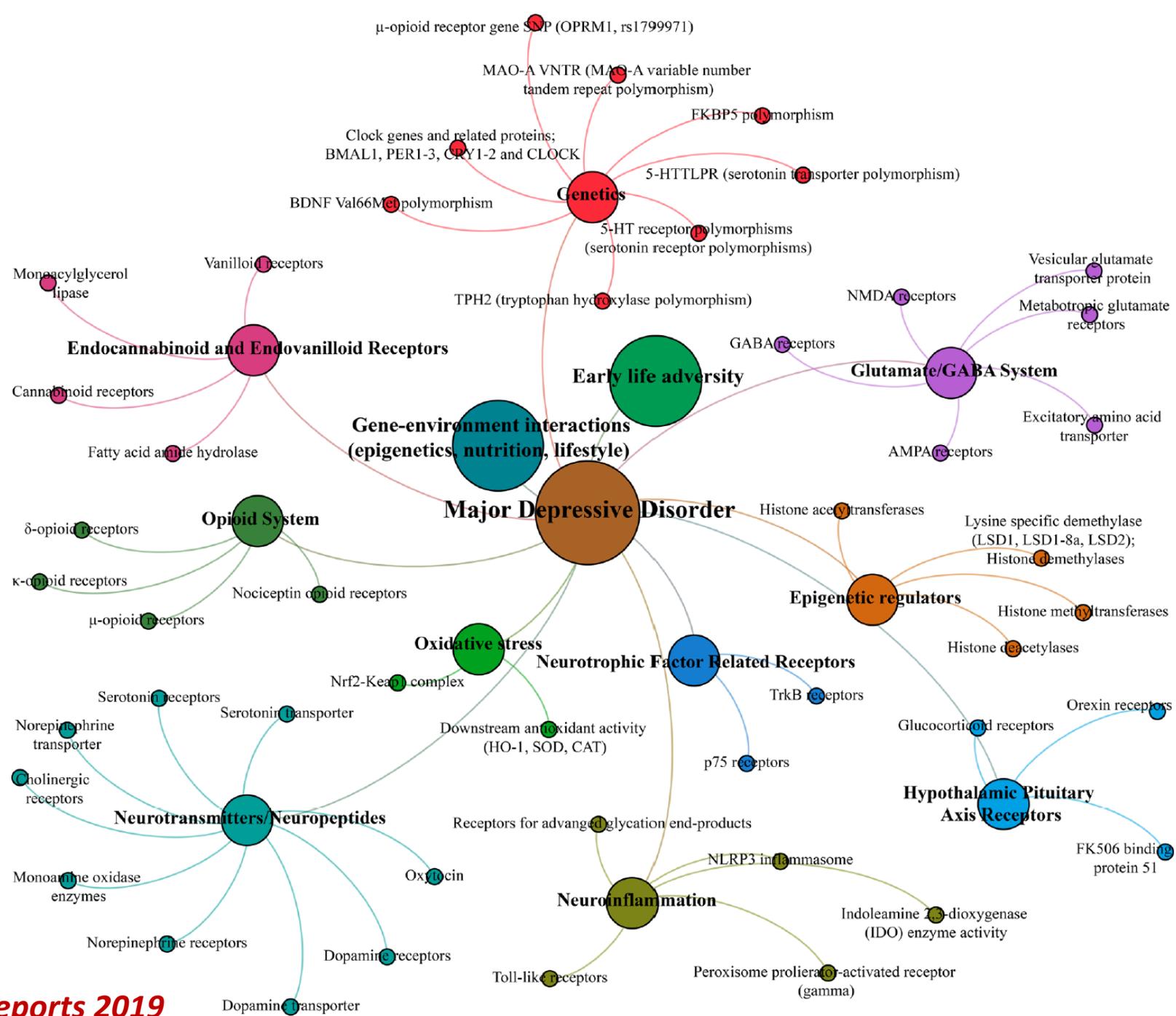
«I first had eating issues when I was about 13. **I started cutting down my food intake**, stopped eating sweets and unhealthy things».

Personality

Hidden Depression

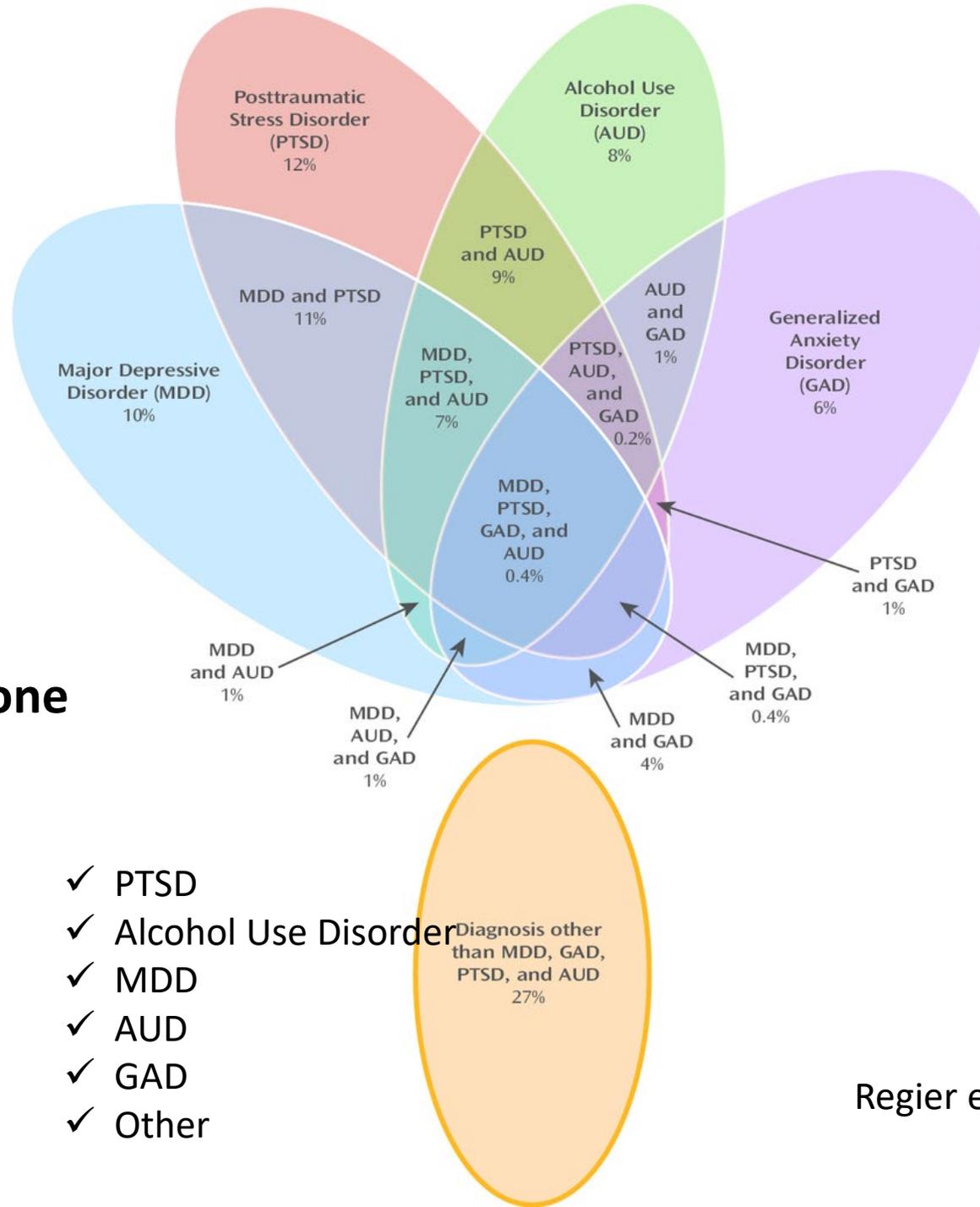
La complessità neurobiologica della depressione

- Genetics
- Endocannabinoid and Endovanilloid Receptors
- Early Life Adversity
- Glutamate System
- Gaba System
- Epigenetics Regulators
- Oxidative Stress
- Neurotrophic Factors Related Receptors
- Neurotransmitters/Neuropeptides
- Neuroinflammation
- Hypothalamic/Pituitary Axis Receptors



La complessità della depressione

Le comorbidità della depressione



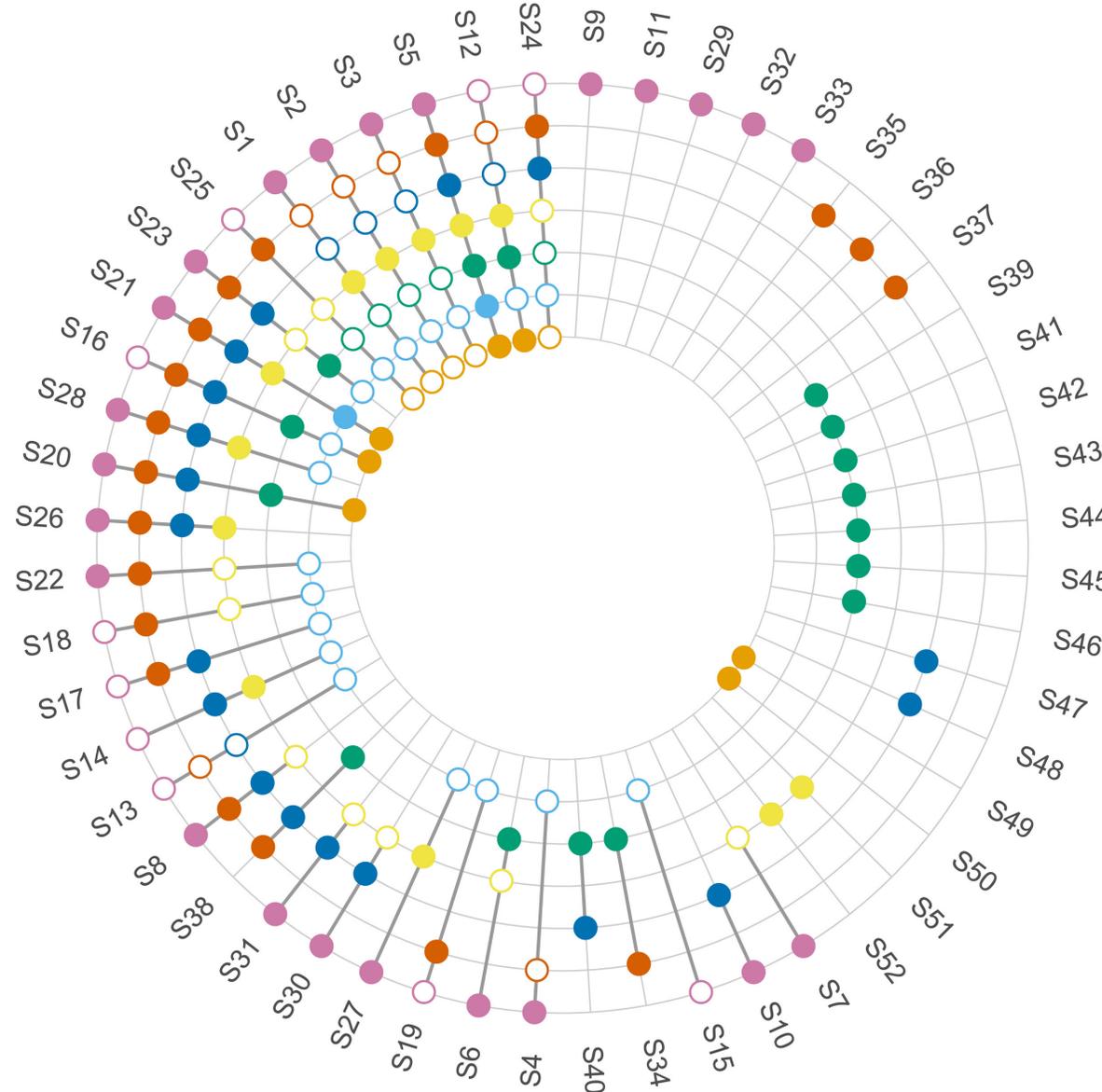
- ✓ PTSD
- ✓ Alcohol Use Disorder
- ✓ MDD
- ✓ AUD
- ✓ GAD
- ✓ Other

Regier et al, 2012

La complessità della depressione

I 52 sintomi della depressione secondo le scale psicometriche

IDS BDI SDS HRSD CESD QIDS MADRS



- 1 Early insomnia
- 2 Middle insomnia
- 3 Late insomnia
- 4 Hypersomnia
- 5 Sad mood
- 6 Anxious
- 7 Panic
- 8 Irritable
- 9 Mood reactivity
- 10 Diurnal variation
- 11 Grief
- 12 Appetite decrease
- 13 Appetite increase
- 14 Weight decrease
- 15 Weight increase
- 16 Concentration
- 17 Indecisiveness
- 18 Guilt
- 19 Worthlessness
- 20 Pessimism
- 21 Suicidal ideation
- 22 Interest loss
- 23 Pleasure loss
- 24 Fatigue
- 25 Energy loss
- 26 Libido
- 27 Retardation
- 28 Agitation
- 29 Somatic complaints
- 30 Sympathetic arousal
- 31 Gastrointestinal
- 32 Interpersonal sensitivity
- 33 Leaden paralysis
- 34 Past failure
- 35 Punishment
- 36 Self-dislike
- 37 Self-criticalness
- 38 Crying
- 39 Lonely
- 40 Effort
- 41 Talked less
- 42 People are unfriendly
- 43 People disliked me
- 44 Feeling bothered
- 45 Feeling good
- 46 Feeling happy
- 47 Feeling needed
- 48 Life is full
- 49 Inner tension
- 50 Inability to feel
- 51 Hypochondriasis
- 52 Loss of insight

○ Scale contains compound symptom ● Scale contains specific symptom

Il Piano Nazionale di Azioni per la Salute Mentale (PANSM)



STEP	OBIETTIVI CLINICI	INTERVENTI	SETTING DI CURA
Step1	Riconoscimento	Valutazione - Diagnosi	MMG
Step 2	Sintomi depressivi (sottosoglia)	Supporto Rivalutazione ad un mese	MMG
Step 3	Depressione Maggiore Lieve Distimia	Supporto, <i>Watchful waiting</i> o psicoterapia	MMG
Step 4	Depressione Maggiore Moderata – Grave	Terapia farmacologica o psicoterapia	MMG CSM (consul.telefonica) Specialista o CSM (consulenza) C S M (assunzione in cura)
Step 5	Depressione resistente, ricorrente, con sintomi psicotici	Trattamento farmacologico (con eventuale <i>switching</i> , <i>augmentation</i>) Trattamento psicologico e farmacologico integrato, supporto psicosociale	CSM (assunzione in cura) CSM (presa in carico integrata)
Step 6	Alto Rischio Suicidario, quadro clinico complesso	Trattamento integrato Supporto psicosociale	CSM (presa in carico intensiva e multiprofessionale) Ricovero ospedaliero

Il PANSM distingue 6 tipi di intervento sulla base di una classificazione univoca di gravità.

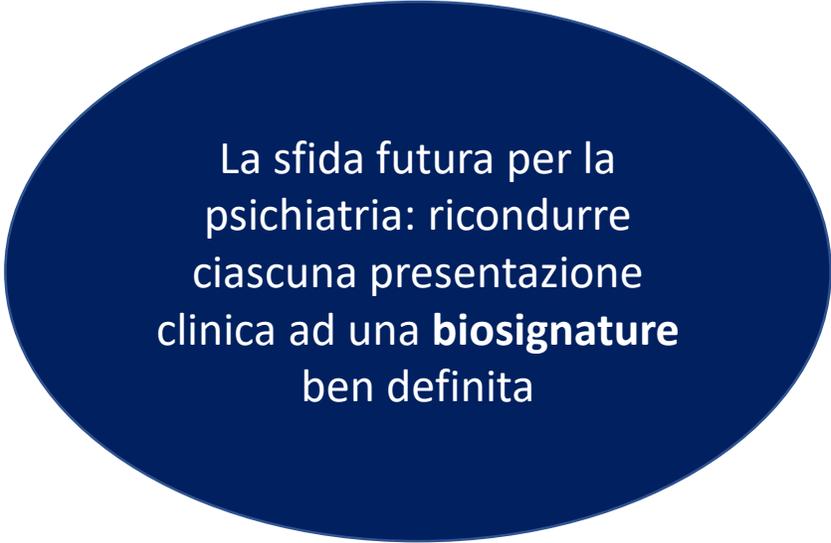
È possibile ricondurre la depressione ad una forma clinica omogenea distinguibile solo per gravità dei sintomi?

Conferenza Stato Regioni nella seduta del 24 gennaio 2013

Psichiatria di Precisione

Indicatori clinici della Depressione

La stratificazione dei pazienti, ovvero la loro organizzazione in sottogruppi sulla base di uno o più indicatori, nasce per facilitare la ricerca scientifica, ma al tempo stesso risulta sempre più utile quando applicata al contesto clinico. Questo è possibile grazie all'individuazione di biomarcatori (predittori di malattia, indicatori di malattia, predittori di risposta, indicatori di risposta)



La sfida futura per la psichiatria: ricondurre ciascuna presentazione clinica ad una **biosignature** ben definita

Transdiagnostic psychopathology across levels of severity

1 ° Group

Fear
Negative cognitions
Depression
Worry
Fatigue

2 ° Group

Fear
Negative cognitions
Depression
Worry
Impulsivity
Emotion dysregulation
Hyperactivity

3 ° Group

Fear
Negative cognitions
Depression
Pain
Impulsivity
Emotion dysregulation
Hyperactivity
Attention problem

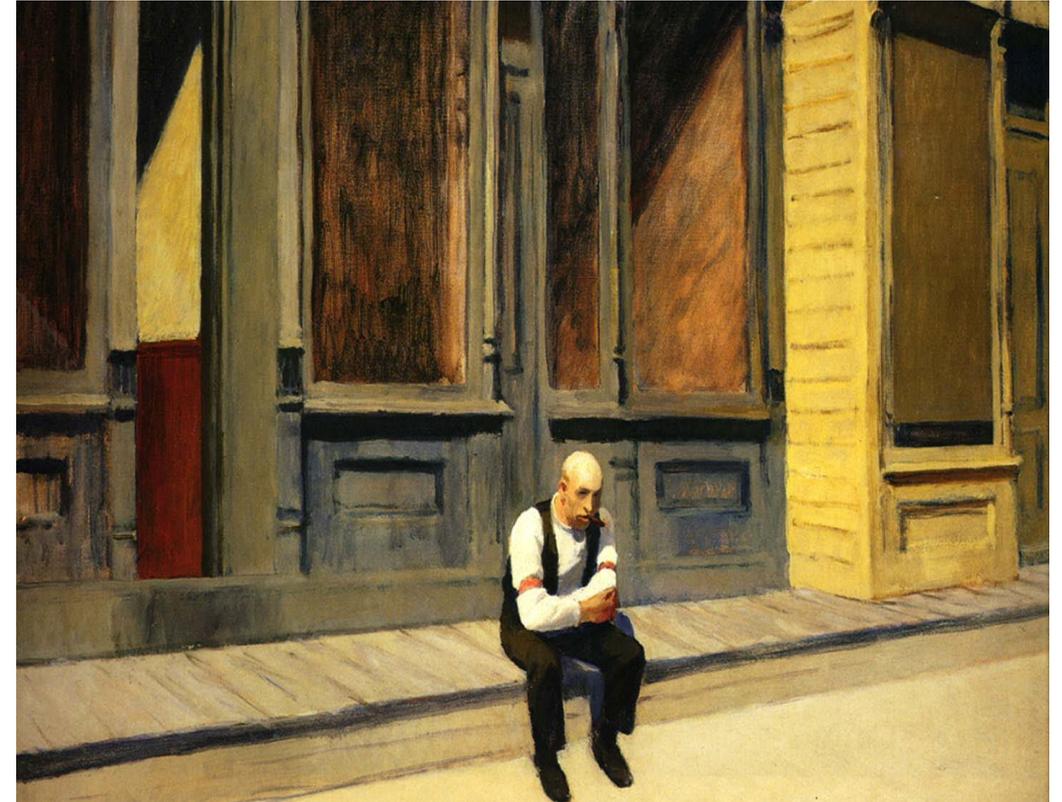
4 ° Group

Fear
Negative cognitions
Depression
Worry
Attention problems
Hyperactivity
[strengthened connection
between fear, negative
cognitions and depression]

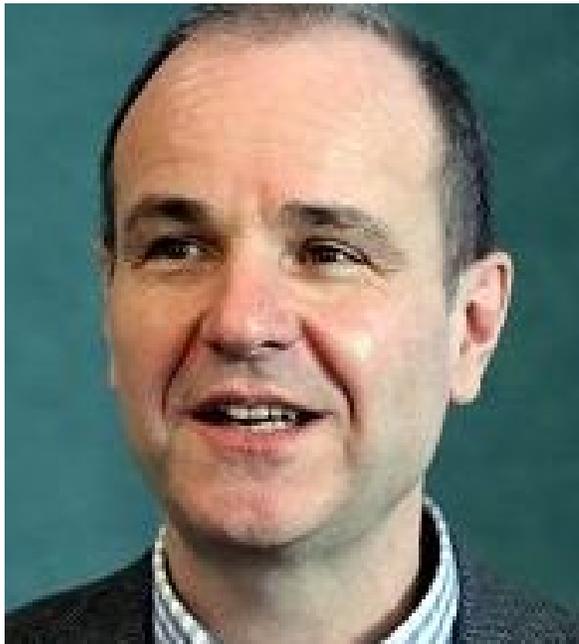


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A personal account of depressive illness and its antidepressant treatment



David Baldwin
Professor of Psychiatry at University of Southampton
Chair of the Psychopharmacology Committee of the Royal College of Psychiatrists

- **«Antidepressant drugs can be very effective in many people. The reduction in my depressive and anxiety symptoms has been similar to that in many treatment-responsive patients in my clinical practice.**
- **Early side effects** such as stomach discomfort and ‘nerviness’ resolved promptly, though altered urethral sensation and sexual side effects persist (if persistence is the correct term for intermittent phenomena).
- **Of course, I could possibly have got better without treatment, as I have many good prognostic factors and am indeed fortunate to have the loving support of my wife and family, a settled home, and a secure job, in contrast to many depressed patients».**

Int Clin Psychopharmacol. 2019; 34: 286–290.



Rivedere il concetto di resistenza

From TRD to “levels of resistance” approaches

2 tipi di Depressione: resistente o non resistente

Oppure

«molteplici livelli di resistenza»?

*«It is understandable that classification attempts are now moving away from **two categories (non-resistant or resistant)** versus **staging and “levels of resistance” approaches.***

[...]

*More fundamentally, it has been suggested that the expression “treatment resistance” is “devoid of empathy”. **Indeed, the expression seems to blame the disorder or even the patient***

Rivedere il concetto di resistenza

From TRD to “levels of resistance” approaches

Variabili da valutare nel caso della Depressione:

- *La farmacodinamica (l'incidenza del farmaco sull'organismo)*
- *La farmacocinetica (l'incidenza dell'organismo sul farmaco)*
- *L'efficacia del principio*
- *La variabilità recettoriale*
- *Il contesto ambientale e le sue influenze epigenetiche*

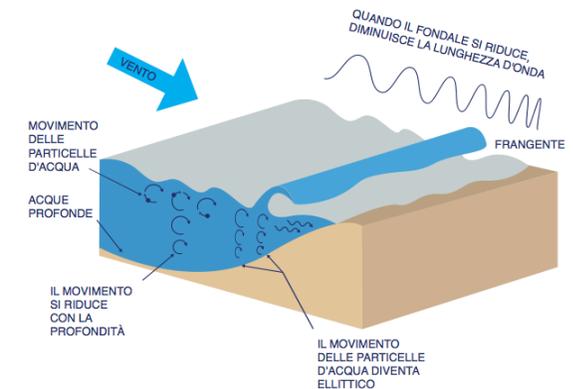
Il concetto classico di «resistenza» presuppone l'azione attiva di un organismo nei confronti di un principio chimico

Toward an Evidence-Based, Operational Definition of Treatment-Resistant Depression When Enough Is Enough



From TRD to “illness point” approaches

Rivedere il concetto di resistenza

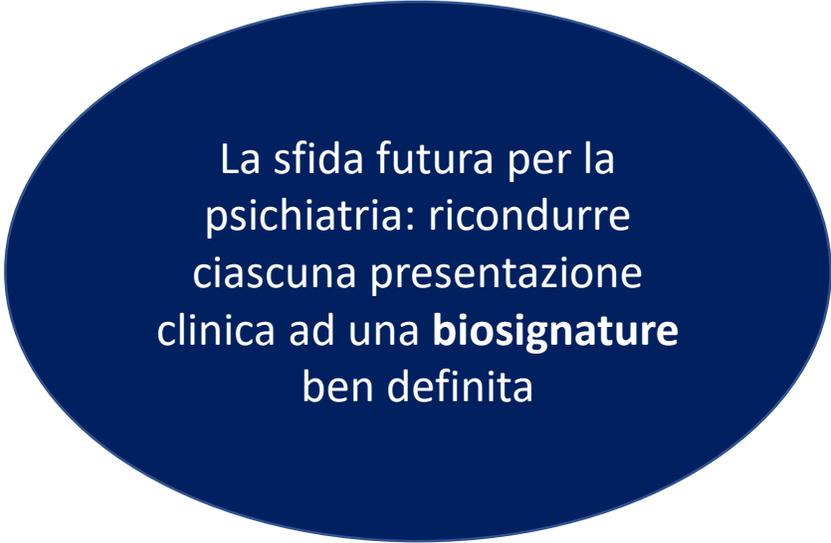


- **Lack of response to 2 adequate dose-duration** trials of different established pharmacotherapy or psychotherapy classes predicts a poor prognosis with respect to efficacy, relapse, and future treatment tolerance.
- We believe this **treatment junction represents**, similar to cancer staging, **a critical illness point** in defining TRD, which warrants consideration of novel treatments with differing mechanisms of action.

Psichiatria di Precisione

Indicatori clinici della Depressione

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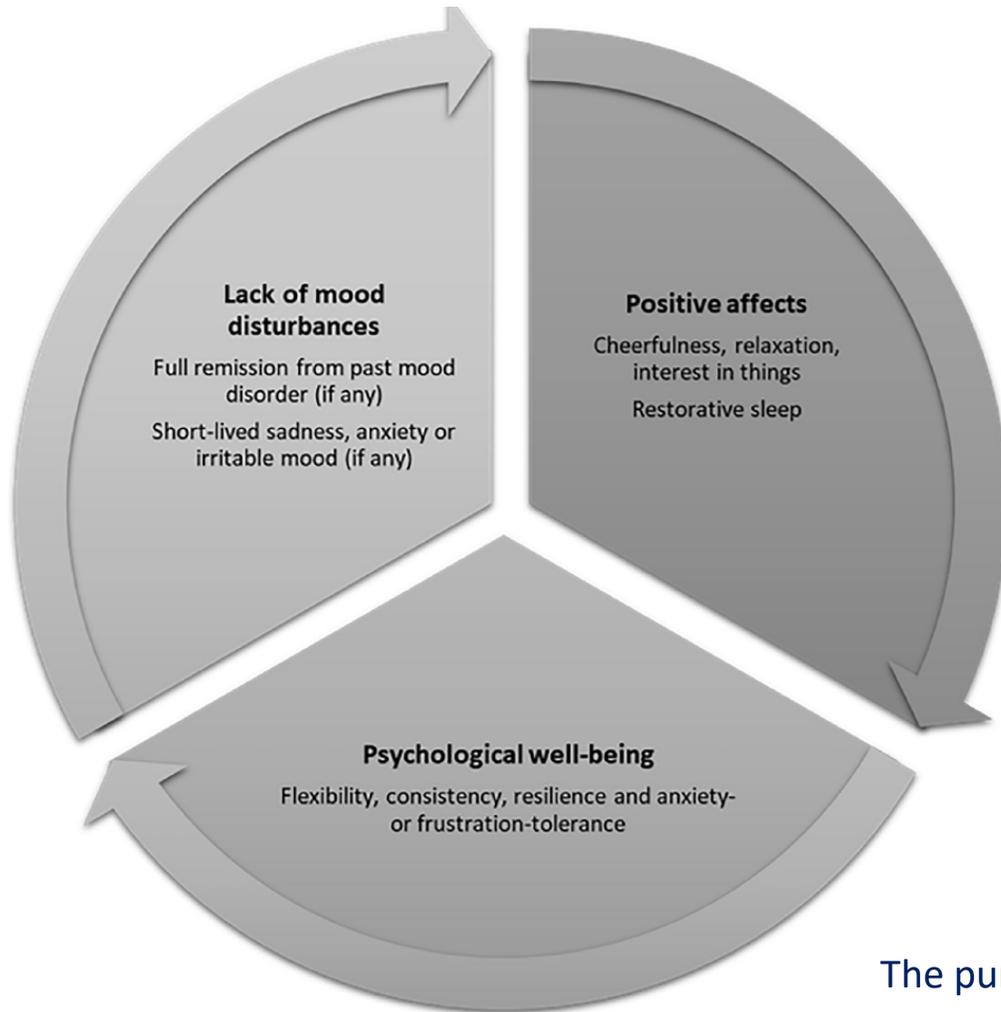
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Uscire dall'ombra della depressione: Criticità e Progetti

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The concept of euthymia



The pursuit of euthymia
Giovanni A. Fava, Jenny Guidi.
World Psychiatry January 2020

BALANCED LEVEL

The person has a sense of competence in managing the environment; he/she makes good use of surrounding opportunities; he/she is able to choose what is more suitable to personal needs.

The person has a sense of continued development; he/she sees one's self as growing and improving; he/she is open to new experiences.

The person has goals in life and feels there is meaning to present and past life.

The person is independent; he/she is able to resist to social pressures; he/she regulates behavior and self by personal standards.

The person accepts his/her good and bad qualities and feels positive about past life.

The person has trusting relationships with others; he/she is concerned about welfare of others; he/she understands give and take of human relationships.

Euthymia and culture

Emotional blunting

Some patients consider euthymia distressing, complain of being “unable to feel” and make attempts to expose themselves to situations which can arouse feelings, or have a feeling of feeling – a meta-emotion.

Both psychotherapy and pharmacotherapy (mood stabilizers) probably help the person to achieve euthymia...They may be rated as euthymic on rating scales, but feel different from their premorbid self.



Emotional blunting is reported by nearly half of depressed patients on antidepressants. It appears to be common to all monoaminergic antidepressants.
Goodwin et al, 2017

The pursuit of euthymia: are cultural factors relevant?

Santosh K. Chaturvedi, Soumya Parameshwaran. World Psychiatry January 2020

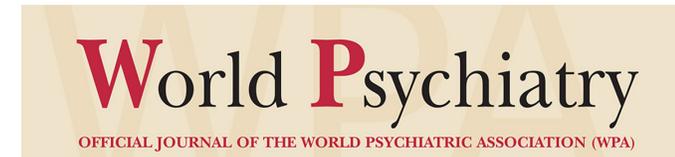
The spectrum of dimensions of psychological well-being

IMPAIRED LEVEL	BALANCED LEVEL	EXCESSIVE LEVEL
<p>Environmental mastery</p> <p>The person feels difficulties in managing everyday affairs; he/she feels unable to improve things around; he/she is unaware of opportunities.</p>	<p>The person has a sense of competence in managing the environment; he/she makes good use of surrounding opportunities; he/she is able to choose what is more suitable to personal needs.</p>	<p>The person is looking for difficult situations to be handled; he/she is unable to savoring positive emotions and leisure time; he/she is too engaged in work or family activities.</p>
<p>Personal growth</p> <p>The person has a sense of being stuck; he/she lacks sense of improvement over time; he/she feels bored and uninterested in life.</p>	<p>The person has a sense of continued development; he/she sees one's self as growing and improving; he/she is open to new experiences.</p>	<p>The person is unable to elaborate past negative experiences; he/she cultivates illusions that clash with reality; he/she sets unrealistic standards and goals.</p>
<p>Purpose in life</p> <p>The person lacks a sense of meaning in life; he/she has few goals or aims and lacks sense of direction</p>	<p>The person has goals in life and feels there is meaning to present and past life.</p>	<p>The person has unrealistic expectations and hopes; he/she is constantly dissatisfied with performance and is unable to recognize failures.</p>
<p>Autonomy</p> <p>The person is over-concerned with the expectations and evaluations of others; he/she relies on judgment of others to make important decisions.</p>	<p>The person is independent; he/she is able to resist to social pressures; he/she regulates behavior and self by personal standards.</p>	<p>The person is unable to get along with other people, to work in team, to learn from others; he/she is unable to ask for advice or help.</p>
<p>Self-acceptance</p> <p>The person feels dissatisfied with one's self; he/she is disappointed with what has occurred in past life; he/she wishes to be different.</p>	<p>The person accepts his/her good and bad qualities and feels positive about past life.</p>	<p>The person has difficulties in admitting his/her own mistakes; he/she attributes all problems to others' faults.</p>
<p>Positive relations with others</p> <p>The person has few close, trusting relationships with others; he/she finds difficult to be open.</p>	<p>The person has trusting relationships with others; he/she is concerned about welfare of others; he/she understands give and take of human relationships.</p>	<p>The person sacrifices his/her needs and well-being for those of others; low self-esteem and sense of worthlessness induce excessive readiness to forgive.</p>

«The person accepts his/her good and bad qualities and feels positive about past life»

«The person is independent»

«The person has trusting relationships with others»



The pursuit of euthymia
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Six obstacles to euthymia

- In the area of affect: the negative change process of **experiential avoidance**
- In the cognitive area: **cognitive fusion** and entanglement pairs with cognitive defusion
- In attentional areas: **rigid attention to the past and future**, rumination and worry
- In the area of self, **defense of a conceptualized self**
- In the motivational area, **unhealthy forms of compliance, self-gratification**, or aversive and avoidant rule-based demands
- In the overt behavioral area, **perfectionism, impulsivity or procrastination**



Uscire dall'ombra della depressione

La depressione spinge verso una vita subacquea, a vivere in una profondità schiacciante. Per riemergere si deve imparare a trattenere il fiato per poi tornare a respirare.

Scrive Tagore: «L'uomo ha dentro di sé il silenzio del mare, lo strepito della terra e la musica dell'aria».

La vita è tutto questo! Da parte nostra, nel momento in cui siamo di fronte alla depressione, possiamo immaginare di essere davanti a un abisso che allontana gli altri elementi vitali: terra e aria. Per ritrovarli bisognerà risalire in superficie.

